# BEFORE THE APPEALS BOARD FOR THE KANSAS DIVISION OF WORKERS COMPENSATION

EUGENE GRISSOM	)
Claimant	)
V.	)
	) Docket No. 1,045,317
TSW PRODUCTS CO., INC.	)
Self-Insured Respondent	)
AND	)
	)
PACIFIC INDEMNITY COMPANY	)

# ORDER

Respondent and its insurance carrier (respondent) appealed Administrative Law Judge Thomas Klein's October 17, 2013 Post-Award Medical Award. The Board placed this appeal on its summary docket for disposition without oral argument. The Director of Workers Compensation appointed Wade Dorothy to serve as Board Member Pro Tem in place of Thomas Arnhold, who recused himself from this proceeding.

# **APPEARANCES**

Jonathan Voegeli of Wichita, Kansas, appeared for claimant. Jeff S. Bloskey of Overland Park, Kansas, appeared for respondent.

### RECORD AND STIPULATIONS

The record considered by the Board is listed in the October 17, 2013 Post-Award Medical Award. The record also consists of the March 17, 2010 deposition of James A. Isaac, M.D., the court-ordered report from Paul S. Stein, M.D., stemming from an October 27, 2010 evaluation of claimant, and the May 11, 2011 settlement hearing transcript, exclusive of medical reports not supported by physician testimony or entered into evidence by agreement of the parties.<sup>1</sup>

### <u>Issue</u>

In his application for hearing, claimant alleged that he sustained bilateral upper extremity injuries and a cervical spine injury as the result of repetitive work duties, using an April 17, 2009 accident date. The claim was settled in a lump sum, apparently based on permanent, bilateral upper extremity impairment, on May 11, 2011. Medical treatment was left open. On January 25, 2013, claimant filed an application for post-award medical seeking medical treatment from James A. Isaac, M.D., including prescriptions and attorney fees.

<sup>&</sup>lt;sup>1</sup> These excluded records include the July 29, 2010 report from George G. Fluter, M.D., and the September 1, 2010 report from Prince Chan, M.D.

The Post-Award Medical Award ordered respondent to pay claimant's prescriptions of gabapentin, amitriptyline, morphine sulfate (morphine) and Lortab. Respondent asserts all or part of such prescription medications are for unrelated medical conditions, including multiple myeloma and non-occupational chronic low-back pain (and perhaps diabetes).

#### There are two issues:

- Are claimant's gabapentin, amitriptyline, morphine and Lortab prescriptions reasonable and necessary to cure or relieve the effects of his repetitive workrelated accidental injury?
- Is claimant entitled to post-award attorney and paralegal fees?

# FINDINGS OF FACT

Claimant's work-related upper extremity injuries include carpal tunnel syndrome and ulnar nerve syndrome. Such conditions cause mononeuropathies resulting in numbness, tingling and pain in a dermatomal pattern. Claimant had surgery for right carpal tunnel syndrome, a Guyon's canal procedure, and bilateral surgeries for ulnar nerve entrapment. Claimant reached maximum medical improvement for his work injuries in the fall of 2009.

Sometime in 2009, claimant was diagnosed with multiple myeloma, a cancerous blood abnormality. He initially treated with Dr. Estephan, an oncologist, who referred claimant to Bassam I. Mattar, M.D., an oncologist and bone marrow transplant oncologist who is board certified in hematology and internal medicine. Dr. Mattar first evaluated claimant on September 17, 2009.

Claimant's multiple myeloma required the medication Velcade. Both multiple myeloma and administration of Velcade can cause peripheral polyneuropathies or generalized numbness, tingling and pain.

It is unclear from the record when claimant began a doctor-patient relationship with James A. Isaac, M.D. Such physician prescribed claimant gabapentin and hydrocodone-acetaminophen on November 3, 2009.<sup>2</sup>

On February 2, 2010, Dr. Isaac saw claimant for peripheral polyneuropathy in his legs. Dr. Isaac prescribed Neurontin for that condition.<sup>3</sup> Claimant's lower extremity neuropathies were not work-related.<sup>4</sup> Dr. Isaac understood claimant was getting other medications from either Dr. Estephan or some other physician.

<sup>&</sup>lt;sup>2</sup> P.A.H. Trans., Resp. Ex. 2 at 1. Hydrocodone-acetaminophen is generic for name brand Lortab.

<sup>&</sup>lt;sup>3</sup> Isaac Depo. (May 8, 2013) at 9. Claimant filled a prescription for gabapentin, which would be generic for name brand Neurontin. P.A.H. Trans., Resp. Ex. 2 at 1.

<sup>&</sup>lt;sup>4</sup> Isaac Depo. (Mar. 17, 2010) at 13.

Dr. Isaac testified on March 17, 2010. He testified claimant had:

- work-related compression or entrapment neuropathy of the median nerve distribution in both hands from carpal tunnel syndrome and work-related bilateral ulnar nerve entrapment at the level of the elbow; and
- peripheral neuropathies, which are generalized and not specific to his upper extremities or lower extremities, most probably caused by claimant's multiple myeloma and use of Velcade, a chemotherapy agent with a known sideeffect of causing generalized polyneuropathies.<sup>5</sup>

On May 6, 2010, claimant complained to Dr. Isaac that he still had a burning sensation in his feet. Dr. Isaac's impression was: "Peripheral polyneuropathy and multiple mononeuropathies from multiple myeloma and work-related injuries." Taking gabapentin four times a day and intermittent Lortab helped. In addition to medication claimant was already taking, Dr. Isaac prescribed amitriptyline for the burning in claimant's feet, which was a peripheral polyneuropathy issue.

Claimant developed low back and leg pain after a September 2, 2010 fall in a hospital elevator. This event was not a work-related accident.

Baoluan Nguyen, M.D., first evaluated claimant October 25, 2010. He is board certified in internal medicine. Claimant's chief complaint to Dr. Nguyen was low back pain, but he also had chronic numbness and tingling of his hands and feet. Dr. Nguyen's report noted claimant was taking long acting morphine, immediate release morphine and gabapentin secondary to multiple myelopathy.

Dr. Nguyen's October 25, 2010 report noted, among other things, that claimant had a long history of neuropathy due to chemotherapy. The doctor wrote claimant had chronic numbness and tingling in his hands and legs.

Dr. Stein performed a court-ordered independent medical evaluation on October 27, 2010. In his report, Dr. Stein noted claimant was taking oral morphine once or twice per day, gabapentin four times daily and Elavil<sup>8</sup> twice a day for his bilateral hand pain, weakness, numbness and tingling. Regarding causation, Dr. Stein's report stated:

 $^{6}$  Isaac Depo. (May 8, 2013), Ex. 1 at 1. The record does not contain Dr. Isaac's records dated prior to May 6, 2010.

<sup>&</sup>lt;sup>5</sup> *Id.* at 6-9.

<sup>&</sup>lt;sup>7</sup> *Id.* at 9-10.

<sup>&</sup>lt;sup>8</sup> Elavil is a name brand amitriptyline.

The patient has known multiple myeloma which can be associated with peripheral neuropathy. The nerve conduction testing, however, reflected the presence of specific entrapment at the elbows and not a diffuse peripheral neuropathy. Whether the myeloma predisposed Mr. Grissom to entrapment, and whether or not he would have developed entrapment absent the myeloma, we cannot state. What I can state within a reasonable degree of medical probability and certainty is that the intensively repetitive work activity performed by the patient either caused or aggravated the peripheral nerve entrapments. Therefore, despite the multiple myeloma, there is a causal relationship between his work activity and the upper extremity pathology, symptomatology, and treatment, including surgeries.

A request was made to apportionment any disability or impairment related to the non-occupational condition (myeloma). I know of no way to put a percentage on this except to state that the problem in the upper extremities was not a diffuse peripheral neuropathy from myeloma but an entrapment neuropathy caused or aggravated by the work activity. How much the myeloma predisposed the patient to developing the work-related entrapment is not something I can answer. Also, whether the patient's entrapments might have been to a lesser degree without the myeloma, I can also not state. Absent a nerve biopsy to actually document that the myeloma has damaged the nerves, it would be my judgment that the upper extremity symptoms should be considered all work-related.<sup>9</sup>

Dr. Stein rated claimant as having a 43% functional impairment to each upper extremity.

When Dr. Nguyen evaluated claimant on November 29, 2010, he observed claimant got pain medication from his "cancer doctor, Dr. Mattar." Dr. Nguyen recommended claimant continue with pain medication for his back pain.

On January 13, 2011, claimant returned to Dr. Nguyen due to chronic low back pain. Dr. Nguyen increased claimant's Lortab dose from 7.5/500 every eight hours to 10/500 every six hours as needed for breakthrough pain. Dr. Nguyen wrote a prescription for morphine sulfate CR. Dr. Nguyen noted claimant was treating with Dr. Mattar for multiple myeloma. For claimant's ongoing neuropathy, he recommended claimant continue taking amitriptyline and gabapentin.

Claimant returned to Dr. Isaac on January 20, 2011. Dr. Isaac's report stated:

Eugene Grissom was seen in followup and he is still having a lot of aching in his hands and occasionally some cramping also. He does pretty well as long as he takes his gabapentin and amitriptyline regularly.

<sup>&</sup>lt;sup>9</sup> S.H. Trans. at 34.

<sup>&</sup>lt;sup>10</sup> Nguyen Depo, Ex. 1 at 13.

On exam today, he has severe weakness of not only the ulnar innervated hand muscles, but also the median and radial innervated hand muscles. Wrist flexion and extension are slightly weak. There are no other focal neurologic deficits. The hand strength is graded at trace/5. Gait is normal. Mood, memory, and speech are normal.

#### IMPRESSION:

- 1. Severe ulnar neuropathies and other neuropathies affecting the hands, which are work related.
- 2. History of multiple myeloma.

He is to increase the amitriptyline to 25 mg in the morning and 50 mg in the evening. Continue gabapentin 800 mg four times per day. Follow up with me in six months. Mr. Grissom has reached maximum medical improvement with respect to his work-related injury. He will need ongoing treatment with medicines for neuropathic pain but it is unlikely that his condition will improve and he is quite debilitated since he virtually cannot use his hands.<sup>11</sup>

Dr. Isaac evaluated claimant on July 20, 2011. Claimant complained of stinging pain in his hands. Such pain would be indicative of a peripheral neuropathy. While Dr. Isaac noted claimant was doing well with respect to his multiple myeloma, his impression was "Peripheral polyneuropathy and multiple mononeuropathies from multiple myeloma and work-related injuries." Such diagnosis remained the same on January 19, 2012, although Dr. Isaac also noted claimant had some foot pain in addition to "a lot of" pain in his hands. Such complaints would be indicative of a peripheral neuropathy.

Dr. Isaac prescribed claimant morphine on February 21, 2012. On April 16, 2012, claimant called Dr. Isaac's office to get a morphine prescription because his hands were hurting badly. Dr. Isaac prescribed morphine and Lortab to treat claimant's neuropathy in general, i.e., both the work-related mononeuropathies and the personal condition polyneuropathies. Dr. Isaac has continued to prescribe claimant with gabapentin, amitriptyline, morphine and Lortab from February 2012 forward. 17

<sup>&</sup>lt;sup>11</sup> Isaac Depo. (May 8, 2013), Ex. 1 at 19.

<sup>&</sup>lt;sup>12</sup> *Id.* at 15-16.

<sup>&</sup>lt;sup>13</sup> *Id.*, Ex. 1 at 21.

<sup>&</sup>lt;sup>14</sup> *Id.*, Ex. 1 at 24.

<sup>&</sup>lt;sup>15</sup> *Id.* at 17.

<sup>&</sup>lt;sup>16</sup> *Id.* at 19.

<sup>&</sup>lt;sup>17</sup> Id. at 20.

Claimant was diagnosed with new onset diabetes mellitus on July 10, 2012. One week later, Dr. Nguyen commented that claimant's multiple myeloma "might be coming back; he has chronic pain and chronic neuropathy from that." <sup>18</sup>

Dr. Isaac, in response to claimant's attorney's December 13, 2012 letter, agreed that: (1) claimant's January 19, 2012 office visit was directly related to his work injury and (2) claimant's morphine sulfate, amitriptyline, gabapentin and hydrocodone-acetaminophen were being prescribed for symptoms directly related to claimant's bilateral upper extremity work injury. When he later testified, Dr. Isaac agreed claimant's January 19, 2012 office visit was not solely related to the work injury and the medications prescribed on June 19, 2012 and thereafter were not solely due to the work injury, but were also meant to treat the effects of claimant's peripheral neuropathies. <sup>20</sup>

Dr. Mattar testified on February 18, 2013. Dr. Mattar diagnosed claimant as having multiple myeloma post bone marrow transplant and partial remission, meaning claimant has remaining cancer that, while not cured, does not currently affect his life or necessitates treatment. Dr. Mattar testified claimant's multiple myeloma caused or was part of his neuropathy at the time of his initial visit and use of Velcade can also cause neuropathy.

Dr. Mattar indicated that he generally did not prescribe medication to claimant, but that he did prescribe pain medication as claimant's multiple myeloma doctor. He observed that claimant told him, that after his bone marrow transplant, the neuropathy in his feet improved and he is not taking Lortab for his feet anymore.<sup>21</sup>

Dr. Mattar testified claimant needed more pain medication, particularly morphine sulfate, during his transplant phase, which lasts about six months.<sup>22</sup> The doctor also noted claimant was on an anti-viral or anti-infection medication, acyclovir, after his transplant. Hypothetically, if Dr. Isaac was not prescribing amitriptyline, gabapentin and Lortab, Dr. Mattar would not prescribe such drugs for claimant's myeloma because claimant contended his main problem was his hands and not his feet.<sup>23</sup>

<sup>&</sup>lt;sup>18</sup> Nguyen Depo, Ex. 1 at 39.

<sup>&</sup>lt;sup>19</sup> Isaac Depo. (May 8, 2013), Ex. 1 at 50.

<sup>&</sup>lt;sup>20</sup> *Id.* at 21-24.

<sup>&</sup>lt;sup>21</sup> Mattar Depo. at 10-11; see also pp. 20-21, 30-31

<sup>&</sup>lt;sup>22</sup> *Id.* at 22-23.

<sup>&</sup>lt;sup>23</sup> *Id.* at 20-21.

Dr. Mattar acknowledged diabetes can cause neuropathy. He acknowledged multiple myeloma can cause permanent neuropathy. Dr. Mattar noted claimant responded to treatment and subjectively improved. He also observed that use of Velcade can cause permanent neuropathy, but it is impossible to tell, as some patients make a complete recovery. He further noted neuropathies due to multiple myelomas and use of Velcade are generalized, involving both feet, both hands, all toes and all fingers.

Dr. Mattar would defer to Dr. Isaac regarding causation of claimant's neuropathy and upper extremity symptoms.<sup>24</sup>

Dr. Nguyen testified May 8, 2013. He was aware of the differences between mononeuropathies, such as carpal tunnel syndrome and ulnar nerve syndrome, and polyneuropathy, which can be caused by multiple myeloma. Like Dr. Mattar, Dr. Nguyen testified that diabetes can cause generalized neuropathy.

Dr. Nguyen noted claimant was getting Lortab, morphine sulfate, gabapentin and amitriptyline from Dr. Mattar. When asked if such medications were due to multiple myeloma, Dr. Nguyen testified such medications were needed for neuropathy (both mononeuropathy and polyneuropathy), but can address pain from multiple myeloma, chemotherapy and claimant's back. The doctor never evaluated claimant for work-related neuropathy, instead just concentrating on claimant's back. Dr. Nguyen probably never asked claimant about his arms and relied on Dr. Isaac to treat claimant's neuropathy. Based on claimant's statements, Dr. Nguyen wrote that claimant had chronic neuropathy from chemotherapy. He prescribed morphine sulphate for claimant's back pain.

Dr. Isaac testified a second time on May 8, 2013. He acknowledged claimant's peripheral polyneuropathies were due to either multiple myelopathy, his chemotherapy treatment, or both. Dr. Isaac again testified claimant's lower extremity neuropathies were not work related, but instead were due to claimant's peripheral polyneuropathies.<sup>26</sup> Regarding causation, he testified:

I still would say in this case the mononeuropathies probably started as a work injury. He later develops presumably multiple myeloma related condition and this causes a generalized neuropathy complicated by the fact that he got chemotherapy as well. So then if you have the original mononeuropathies, those other conditions could aggravate that.<sup>27</sup>

<sup>25</sup> Nguyen Depo. at 26-27.

<sup>&</sup>lt;sup>24</sup> *Id.* at 29. 32.

<sup>&</sup>lt;sup>26</sup> Isaac Depo. (May 8, 2013) at 8-9.

 $<sup>^{27}</sup>$  Id. at 11; see also p. 23 (symptoms from polyneuropathies probably aggravated claimant's work-related injuries).

According to Dr. Isaac, determining what symptoms were related to claimant's work-related injuries and what symptoms were related to claimant's multiple myeloma and chemotherapy was akin to a blurred line.<sup>28</sup> Dr. Isaac indicated it would be impossible to sort out what symptoms were due to either the polyneuropathies or the mononeuropathies.

Dr. Isaac testified he prescribed gabapentin, amitriptyline, morphine sulfate and Lortab for claimant's neuropathic pain.<sup>29</sup> He testified it would be impossible to apportion what neuropathic pain was due to claimant's work-related mononeuropathies and his polyneuropathies caused by multiple myeloma/use of Velcade.<sup>30</sup>

The Cancer Council of Reno County, Inc., paid for about \$2,000 worth of claimant's medication starting December 2011 through June 2012.

Judge Klein's Post-Award Medical Award stated:

Dr. Isaac testified that the claimant's cancer and treatment aggravated or inflamed the original neuropathies from his work related injury. (Isaac pg. 23) Dr. Isaac testified that when he prescribed Amitriptylene [sic], Gabapentin or Lortab, they were intended to treat all of the neuropathies from whatever source. (Isaac p. 24) Dr. Isaac also testified that he prescribed morphine for both work related mononeuropathies and non work related polyneuropathies. (Isaac p. 19)

The court finds Dr. Isaac's testimony dispositive of the issue and orders paid as authorized all prescriptions of Gabapentin, Amitriptylene [sic], Morphine and Lortab, from whatever prescribing source.<sup>31</sup>

Respondent's appeal followed.

### PRINCIPLES OF LAW AND ANALYSIS

K.S.A. 2008 Supp. 44-501(a) states in part: "In proceedings under the workers compensation act, the burden of proof shall be on the claimant to establish the claimant's right to an award of compensation by proving the various conditions on which the claimant's right depends."

K.S.A. 2008 Supp. 44-508(g) finds burden of proof as follows: "'Burden of proof' means the burden of a party to persuade the trier of facts by a preponderance of the credible evidence that such party's position on an issue is more probably true than not true on the basis of the whole record."

<sup>&</sup>lt;sup>28</sup> *Id.* at 11-12. 19-20.

<sup>&</sup>lt;sup>29</sup> *Id.* at 14-15, 19, see also pp. 23-24.

<sup>&</sup>lt;sup>30</sup> *Id.* at 24-25.

<sup>&</sup>lt;sup>31</sup> Post-Award Medical Award at 2.

# K.S.A. 2008 Supp. 44-510k states:

- (a) At any time after the entry of an award for compensation, the employee may make application for a hearing, in such form as the director may require for the furnishing of medical treatment. Such post-award hearing shall be held by the assigned administrative law judge, in any county designated by the administrative law judge, and the judge shall conduct the hearing as provided in K.S.A. 44-523 and amendments thereto. The administrative law judge can make an award for further medical care if the administrative law judge finds that the care is necessary to cure or relieve the effects of the accidental injury which was the subject of the underlying award. No post-award benefits shall be ordered without giving all parties to the award the opportunity to present evidence, including taking testimony on any disputed matters. A finding with regard to a disputed issue shall be subject to a full review by the board under subsection (b) of K.S.A. 44-551 and amendments thereto. Any action of the board pursuant to post-award orders shall be subject to review under K.S.A. 44-556 and amendments thereto.
- (b) Any application for hearing made pursuant to this section shall receive priority setting by the administrative law judge, only superseded by preliminary hearings pursuant to K.S.A. 44-534a and amendments thereto. The parties shall meet and confer prior to the hearing pursuant to this section, but a prehearing settlement conference shall not be necessary. The administrative law judge shall have authority to award medical treatment relating back to the entry of the underlying award, but in no event shall such medical treatment relate back more than six months following the filing of such application for post-award medical treatment. Reviews taken under this section shall receive priority settings before the board, only superseded by reviews for preliminary hearings. A decision shall be rendered by the board within 30 days from the time the review hereunder is submitted.

"[W]here the passage of time causes deterioration of a compensable injury, the resulting disability is compensable as a direct and natural result of the primary injury."<sup>32</sup> An injury is not compensable where the worsening or new injury would have occurred even absent the accidental injury or where the injury is shown to have been produced by an independent intervening cause.<sup>33</sup>

An injury solely attributable to a personal condition of the employee is not compensable because there is no causal connection to the worker's employment.<sup>34</sup>

<sup>&</sup>lt;sup>32</sup> Nance v. Harvey County, 263 Kan. 542, 550, 952 P.2d 411 (1997).

<sup>&</sup>lt;sup>33</sup> *Id.* at 547-50.

<sup>&</sup>lt;sup>34</sup> See *Baggett v. B & G Construction*, 21 Kan. App. 2d 347, Syl. ¶ 2, 900 P.2d 857 (1995).

### ANALYSIS

The issue is whether claimant's gabapentin, amitriptyline, morphine sulfate and Lortab prescriptions are reasonable and necessary to cure or relieve the effects of his work-related accidental injuries. The issue is not whether his need for such medication is solely related to his work injuries as opposed to his personal health conditions.

Dr. Isaac initially prescribed claimant amitriptyline for his feet on May 6, 2010. For claimant's low back, Dr. Nguyen prescribed claimant an increased dosage of Lortab and morphine sulfate on January 13, 2011. There is no evidence Dr. Nguyen continued such prescriptions. Dr. Isaac increased claimant's amitriptyline dosage on January 20, 2011. The record is unclear if such increased dosage was due to claimant's mononeuropathies, his polyneuropathies, or both under the broad category of "neuropathies."

The Board agrees with Judge Klein's analysis that claimant's need for gabapentin, amitriptyline, morphine and Lortab is to be paid under workers compensation. Claimant's development of multiple myeloma is not an intervening accidental injury that terminates respondent's duty to provide medical treatment for claimant's severe bilateral upper extremity injuries. Dr. Isaac testified it is impossible to sift out what portion of claimant's neuropathy is due to his work injuries and what might be associated with his multiple myeloma and resulting treatment. Dr. Stein's opinion is similar. Dr. Isaac is prescribing all of claimant's medication for claimant's overall neuropathy, which includes work-related and personal conditions. Although claimant has various health issues, the evidence establishes that his present need for prescriptions is due, at least in part, to his accidental work injuries. The Board previously rejected the contention that, to be compensable, medical treatment must be based mostly, solely or only due to an accidental work injury.<sup>35</sup>

However, the Board modifies the Post-Award Medical Award to the extent that Judge Klein's grant of the aforementioned prescriptions applied to "whatever prescribing source." Claimant was only asking for medical treatment, including prescriptions, from Dr. Isaac. The Award is so limited to prescriptions from Dr. Isaac. Moreover, the Award, as written, could arguably apply to medications claimant obtained prior to the six month window before claimant filed his application for post-award medical. In *Roles*, 7 the Kansas Court of Appeals stated, "K.S.A. 2009 Supp. 44-510k(b) makes it clear that an ALJ is without authority to award a claimant benefits for medical treatment incurred more than 6 months prior to an application for post-award medical compensation." Therefore, the award's temporal scope is limited to prescriptions from July 25, 2012 and forward.

 $<sup>^{35}</sup>$  See *Jardan v. Walmart*, No. 1,048,563, 2012 WL 3279494 (Kan. WCAB July 23, 2012).

<sup>&</sup>lt;sup>36</sup> Post-Award Medical Award at 2.

<sup>&</sup>lt;sup>37</sup> Roles v. The Boeing Co., 43 Kan. App. 2d 619, 638, 230 P.3d 771 (2010).

Claimant requests entitlement to post-award attorney and paralegal fees. The Board has routinely held that where a party requests attorney fees for an appeal, the matter should be remanded to the judge for a hearing.<sup>38</sup>

## CONCLUSION

Dr. Isaac prescribed claimant gabapentin, amitriptyline, morphine and Lortab to treat claimant's accidental work injuries, at least in part. Such medications are reasonable and necessary to cure or relieve the effects of claimant's work-related accidental injuries.

**WHEREFORE**, the Board modifies the October 17, 2013 Post-Award Medical Award. While claimant's gabapentin, amitriptyline, morphine and Lortab prescriptions are ordered paid, the order cannot predate six months prior to when claimant filed his application for post-award medical. Moreover, the award is limited as only pertaining to prescriptions from Dr. Isaac, not any other prescribing source. The issue of attorney fees is remanded for the judge's initial consideration.

II IS SO ORDERED.	
Dated this day of December, 2013.	
BOARD MEMBER	
BOARD MEMBER	
BOARD MEMBER	

c: Jonathan Voegeli, Attorney for Claimant jvoegeli@slapehoward.com

IT IC CO OPPEDED

Jeff S. Bloskey, Attorney for Respondent and its Insurance Carrier jbloskey@mgbp-law.com

Honorable Thomas Klein, Administrative Law Judge

<sup>&</sup>lt;sup>38</sup> See *Arnold v. Morning Star Ministries*, No. 270,628, 2011 WL 4011661 (Kan. WCAB Aug. 4, 2011) and *Edwards v. Jim Mitten Trucking, Inc.*, No. 199,988, 2008 WL 2673151 (Kan. WCAB June 30, 2008).